

# ISYM 2026

## Authorization for Dispensing Medication Form

Camper Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

### PLEASE READ CAREFULLY:

**This form is used to dispense your camper's medications.** This form must be legible and give clear directions for dispensing each medication. Directions and names of medication on the label **must** match the written directions below. *NO loose pills or powders will be accepted. Weekly/daily pill containers are allowed if accompanied by the original medication bottle(s).*

All medications, prescription and/or over-the-counter, must be checked-in with the ISYM Camp Wellness Coordinator upon arrival to camp during check-in. Campers are not allowed to hold onto medication during camp. Exceptions: campers with asthma may carry and self-administer their inhalers, and campers prescribed an EpiPen for emergency use may keep it with them at all times.

### Medication dispense times coincide within meal times:

Breakfast (BF) 7:30 - 8:00 AM

Lunch (L) 12:30 - 1:00 PM

Dinner (D) 5:30 - 6:00 PM

Headcheck (HC) 9:15 - 10:00 PM

If your child takes a prescription medication outside of those time frames, please adjust their medication time to fit within meal times. Any medications listed as "As Needed" will be available upon request--students can go to the counseling office to request the medication.

**Please read and sign the following. THANK YOU!**

I have filled out the medication information for my child \_\_\_\_\_ and hereby give "ISYM Camp Personnel" permission to give my child their medication(s), including any other over the counter medications such as, but not limited to, Pepto Bismol, Tylenol, Ibuprofen, TUMS, Benadryl, cough drops, cough syrup, throat sprays, etc for "discomfort" or "pain", etc.

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Name: _____
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**BEFORE ADMINISTERING ANY MEDICATIONS ANSWER THE FOLLOWING:**

Right camper? Right drug? Right dose? Right route? Right time?

**MEDICATION #1**

Medication Name	
Dosage	
Route (oral or topical)	
Frequency (BF, L, D, HC)	
Reason for medication	
Instructions for administering medication	

**Wellness Coordinator/ISYM Staff Signature**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

**MEDICATION #2**

Medication Name	
Dosage	
Route (oral or topical)	
Frequency (BF, L, D, HC)	
Reason for medication	
Instructions for administering medication	

**Wellness Coordinator/ISYM Staff Signature**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Camper Name: _____
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**BEFORE ADMINISTERING ANY MEDICATIONS ANSWER THE FOLLOWING:**

Right camper? Right drug? Right dose? Right route? Right time?

**MEDICATION #3**

Medication Name	
Dosage	
Route (oral or topical)	
Frequency (BF, L, D, HC)	
Reason for medication	
Instructions for administering medication	

**Wellness Coordinator/ISYM Staff Signature**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

**MEDICATION #4**

Medication Name	
Dosage	
Route (oral or topical)	
Frequency (BF, L, D, HC)	
Reason for medication	
Instructions for administering medication	

**Wellness Coordinator/ISYM Staff Signature**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Camper Name: _____
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**BEFORE ADMINISTERING ANY MEDICATIONS ANSWER THE FOLLOWING:**

Right camper? Right drug? Right dose? Right route? Right time?

**MEDICATION #5**

Medication Name	
Dosage	
Route (oral or topical)	
Frequency (BF, L, D, HC)	
Reason for medication	
Instructions for administering medication	

**Wellness Coordinator/ISYM Staff Signature**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

**MEDICATION #6**

Medication Name	
Dosage	
Route (oral or topical)	
Frequency (BF, L, D, HC)	
Reason for medication	
Instructions for administering medication	

**Wellness Coordinator/ISYM Staff Signature**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Camper Name: \_\_\_\_\_

## **INHALER + EMERGENCY MEDICATIONS**

*Emergency medications must be provided in their original packaging and will be stored according to manufacturer guidelines unless self-carry permission is granted.*

### **INHALER**

My child has an **Inhaler**            \_\_\_ YES            \_\_\_ NO  
**Do they self-carry?**            \_\_\_ YES            \_\_\_ NO

### **EPI PEN**

My child has an **EpiPen**            \_\_\_ YES            \_\_\_ NO  
**Do they self-carry?**            \_\_\_ YES            \_\_\_ NO

### **AUVI-Q**

My child has an **Auvi-Q**            \_\_\_ YES            \_\_\_ NO  
**Do they self-carry?**            \_\_\_ YES            \_\_\_ NO

### **VALTOCO**

My child has Valtoco            \_\_\_ YES            \_\_\_ NO  
**Do they self-carry?**            \_\_\_ YES            \_\_\_ NO

### **Authorization for Emergency Medication Administration (if applicable)**

I, the undersigned parent/legal guardian of \_\_\_\_\_ (camper’s full name), hereby authorize designated camp staff to administer emergency medications to my child in the event of a medical emergency. This includes, but is not limited to, the use of:

- Epinephrine auto-injectors (e.g., EpiPen, Auvi-Q) for severe allergic reactions (anaphylaxis)
- Valtoco (or other prescribed rescue medications) for seizure emergencies

I understand that these medications will only be administered as directed in my child’s medical records or physician’s instructions, and only when necessary to preserve life or prevent serious harm before emergency medical services arrive.

I acknowledge that camp staff are not licensed medical professionals, but may be trained in emergency response and the administration of these medications.

I release and hold harmless the camp, its staff, and any affiliated personnel from any liability related to the administration of the above emergency medications in good faith and according to the protocols in place.

**Camper's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_